

APPLICATION FORM FOR RENEWAL

From:

To:

The Registrar,
A.P.Nurses and Midwives Council,
Sultan Bazar, Hyderabad- 500 095

Sir,

Sub: Renewal of Registration as Nurse / Midwife / Public Health Nurse
/ Health Visitor / Auxiliary Nurse – Midwife / Health Worker –
regarding.

I have registered my name as Nurse / Midwife / Public Health Nurse / Health Visitor / Auxiliary Nurse – Midwife / Health Worker bearing the following Registration numbers with Andhra Nurses and Midwives Council / Hyderabad Nurses, Midwives & Health Visitors Council / Andhra Pradesh Nurses, Midwives, Auxiliary Nurse – Midwives and Health Visitors Council.

Registration Number:	Date of Registration
Nurse.....
Midwife.....
Public Health Nurse.....
Health Visitor.....
Auxiliary Nurse Midwife.....
Health worker.....

I am herewith enclosing a Demand Draft No.dated.....for Rs.....(Rupees in words) Towards renewal of fee as Nurse / Midwife / B.Sc., (Nurse) / Public Health Nurse / Health Visitor / Auxiliary Nurse – Midwife / Health Worker in favour of **“ANDHRA PRADESH NURSES & MIDWIVES COUNCIL, HYDERABAD”** from any nationalized bank payable at Hyderabad.

(Name of the Bank.....D.D.No.....)

A self addressed envelope with Rs.....Postage Stamps affixed is enclosed for sending the receipt of the Renewal Fee by Regd. Post.

Thanking you,

Yours faithfully,

(Signature of the Applicant)

N.B. :- Delete whichever is not applicable,
if you have renewed previously please send
the renewal receipt.

Renewed on.....

Remain in force